(070) Urban Rate Comparability Certification Compliance	
10701 Huber Date Commonhiller Facilities Compliance	FCC Form 690
IN THE COURT RAIL CONTROL ADMILT CELLINGUAL CANDIDOUGE	
	Approved by OMB
	OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	448013
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

(	Certification of Officer or E	mployee as to Compliance with 47 CFR §54.1009(a)	(4)
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: Texa	as 10, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448013	Filing Due Date for this form: 07/03/2017	

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the re	porting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the repor	ts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
, , , , , , , , , , , , , , , , , , , ,	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment
	under Title 18 of the United States Code, 18 U.S.C. § 1001.

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	d to File Compliance with 47 CFR §54.1009(a)(4) on Beh	alf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorize data provided by the reporting carrier; and, to the best of my	ed to submit the certification on behalf of the reporting carrier; I knowledge, the information reported herein is accurate.	have provided the data reported herein based or
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Agent		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
	pe punished by fine or forfeiture under the Communications Act of 1934, Title 18 of the United States Code, 18 U.S.C. § 1001.	47 U.S.C. §§ 502, 503(b), or fine or imprisonment under

				NATIONAL CONTRACTOR OF THE PROPERTY OF THE PRO
80) Triba	l Lands Reporting			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		448013	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi		6105356474 ext.	· · · · · · · · · · · · · · · · · · ·
<039>	Contact Email Address - Email Address of person identif	ried in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State			
<143>	County			
-2.0				
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
		Name of Attached Docum	ent (.pdf)	
	If your company serves Tribal lands, please select (Yes,	No. Not Applicable) for		

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	(Yes, No, Not Applicable)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update information	FCC Form 690 Approved by <i>O</i> MB
		OMB Control No. 3060-1185
		Rage 6 of 8
<010>	Study Area Code	448013
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	49440.00
<203>	Total Mobility Fund Support Disbursed	39838.75
<210>	Actual Completion Date	08/07/2015
12102	Actual completion bate	00/07/2023
<211>	Project Status Description (attached)	448013_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	manic of roll attached,
	211, contains a project status pursuant to \$54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	<del>                                     </del>
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	

**●** 3G **●** 4G

<218> Network will Support 3G/4G Mobile Service ?

(101) Certification - Reporting Carrier	1969	FCC Form 690 Approved by OMB
		OMB Control No. 3060-1185 Page 7 of 8

<010>	Study Area Code	448013
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texas	10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017	
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer	6105356474 ext.			
Study Area Code of Reporting Carrier:	448013	Filing Due Date for this form: 07/03/2017		

under Title 18 of the United States Code, 18 U.S.C. § 1001.

06/28/2017 Page 7

	FCC Form 690
(102) Certification - Agent / Carrier	Service Control of the Control of th
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	448013
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on b	
also certify that I am an officer of the reporting carrier; if agent; and, to the best of my knowledge, the reports and	r responsibilities include ensuring the accuracy of the data reporting requirements provid data provided to the authorized agent is accurate.	ed to the authorized
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
as agent for the reporting carrier, certify that I am authoroperated herein based on data provided by the reporting	•	cipients on behalf of the reporting carrier; I have provided the data formation reported herein is accurate.			
lame of Reporting Carrier:					
lame of Authorized Agent Firm:					
ignature of Authorized Agent or Employee of Agent:		Date:			
ame of Authorized Agent Employee:					
itle or position of Authorized Agent or Employee of Agent	t				
elephone number of Authorized Agent or Employee of Ag	gent:				
* ***	Filing Due Date for this form	0:			

# **Attachments**

# (050) Coverage and Performance Report FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Study Area Code Study Area Name Texas 10, LLC Program Year Contact Name - Person USAC should contact regarding this data Chad Strausbaugh

6105356474 ext.

08/2016 - 07/2017

cstrausbaugh@cellonenation.com

<141>

<035>

<039>

<140>

<a1></a1>	<a2></a2>	<b>4</b> 43>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<<2>	<e3>:</e3>	ζф.
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
TX	Cherokee	0000	0	0	0	0.0	0.0	0.0	Yes
						<u> </u>			
				·					
		-							

Percentage of
<b>Total Population</b>
Reached by
Service

Contact Telephone Number - Number of person identified in data line <030>

Contact Email Address - Email Address of person identified in data line <030>

Coverage and Performance Report Year

0			

Percentage of Total Road Miles covered by Service

0			

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

# FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

## **Project Status Description**

Item: SAC 448013

County/State: Cherokee, TX
Total Award Amount: \$49,440.00

## **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	- §54.1009 Annual Reporting		Avg. Burd	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
ntedionistus	lection Form	448014		<u>Singlanisaanii Tistilamii Noosiisiin Talaasii 2866ko .</u>
<010>	Study Area Code	410014		
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2017		Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		JUN 2 9 2017
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Fed	leral Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
NAME OF THE OWNER O				
<040>	Has the information required pursuant to §54.1009  <041> Attach a description of the documents file		<040> \( < 041> \)	•
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov.	er tribal lands? Yes or No)		

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form		and the second s	FCC Form 690 Approved by OMB
				OMB Control No. 3060-1185
				Page 2 of 8
- 100				
<010>	Study Area Code		448014	,
<015>	Study Area Name		Texas 10, LLC 2017	
<020> <030>	Program Year  Contact Name - Person USAC should contact regarding the	nis data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie		cstrausbaugh@cellonenation.com	
Danamina.	Coming / Machillity Fund Dhoco 1 Minning Bidder			
_	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	•	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10. LLC		
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ve, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	· · · · · · · · · · · · · · · · · · ·	constion com	
	•	cstrausbaugh@cellor	ienacion. com	
Contact In	<u>formation</u>			
Contact III	if same as above, indicate in this box			
<120>	451 A41-1 C-450-A	Oha di Ohaana ahamah		
	•	Chad Strausbaugh		
<121>	S. A.I.I. ( .DO.D. )	Texas 10, LLC		
<122>		1170 Devon Park Dri	ve Suite 104	
<123>	•	Wayne		
<124>	•	PA		
<125>	Zip-Code	19087		· · · · · · · · · · · · · · · · · · ·
<126>	Telephone Number	6105356474 ext.		····
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellon	enation.com	
	•			
	A A A Lafa Alam			
Autnorize	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
	-			
<135>	Zip-Code			
<136>	Telephone Number			<u> </u>
<137>	Fax Number			
<138>	Email Address			

(060) Coverage and Performance Report	FCC Form 690
	recruini 050
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	OMB Control No. 3060-1185
	GIVID CUILLUI NG. 3000-1163
	Page 3 of 8

<010>	Study Area Code	448014
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

448014 CPRd TX.zip

Coverage and Performace attachments

<141>

<a1></a1>	<a2></a2>	<a3></a3>	 4b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>&gt;</d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
	ļ .								
			:	See attach	ed works	heet	-		
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	-					<u> </u>			
		-							
	1			I	l			L	

[0	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification	on Compliance	FCC For	m 690 ed by OMB
		OM8 Co Page 4.0	ntrol No. 3060-1185 of 8

<010>	Study Area Code	448014
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaudh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	Certification of Officer or	Employee as to Compliance with 47 CFR §54.1009(a)(4)		
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formand in any attachments is accurate.				
Name of Reporting Carrier: Texa	s 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/28/2017		
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448014	Filing Due Date for this form: 07/03/2017		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting		
	ny responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the		
authorized agent; and, to the best of my knowledge, the reports and data provi	ded to the authorized agent is accurate.		
Name of Authorized Agent:			
Name of Reporting Carrier:			
Signature of Authorized Officer or Employee:	Date:		
Printed name of Authorized Officer or Employee:			
Title or position of Authorized Officer or Employee:			
Telephone number of Authorized Officer or Employee:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
	forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment a United States Code, 18 U.S.C. § 1001.		

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Auti	norized to File Compliance with 47 CFR §54.1009(a)	(4) on Behalf of Reporting Carrier
	thorized to submit the certification on behalf of the reporti of my knowledge, the information reported herein is accur	ing carrier; I have provided the data reported herein based on rate.
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Ag	ent	
Telephone number of Authorized Agent or Employee of	Agent:	
	Filing Due Date for this form:	

(080) Triba	ıl Lands Reporting			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code	·	448014	
<015>	Study Area Name		Texas 10, LLC	
<020> <030>	Program Year  Contact Name - Person USAC should contact regarding t	his data	2017 Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie			
<039>	Contact Felephone Number - Number of person identification		6105356474 ext.	
<b>~033</b> >	Contact Email Address - Email Address of person identifi	ica in data inic 30502	cstrausbaugh@cellonenation.com	- 4-5
<142>	State			
11727	State		· ·	<del></del>
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
	5.5	Name of Attached Docum	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
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<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690
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		OMB Control No. 3060-1185
		Page 6 of 8
1.000		
<010>	Study Area Code	448014
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<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	124992.00
<203>	Total Mobility Fund Support Disbursed	121117.25
4210s	Actual Completion Date	20/24/2015
<210>	Actual Completion Date	07/24/2015
<211>	Project Status Description (attached)	448014_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	1
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	<b>✓</b>
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	<b>✓</b>
<217>	Project Plan Status	<b>√</b>
<218>	Network will Support 3G/4G Mobile Service ?	) 3G

<010>	Study Area Code	448014
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<020>	Program Year	2017
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Title or position of Authorized Officer:					
elephone number of Authorized Officer: 6105356474 ext.					
Study Area Code of Reporting Carrier: 448014	Filing Due Date for this form: 07/03/2017				

(102) Certification - Agent / Carrier	FCC Form 690
(102) Certification - Agent / Carrier	TCC TOTAL 0.50
	Approved by OM8
	Approved by Gillio
	Change and the concessor
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	448014
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I certify that (Name of Agent)		nation reported on behalf of the reporting carrier. I
also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and d	responsibilities include ensuring the accuracy of the data reporting lata provided to the authorized agent is accurate.	requirements provided to the authorized
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:		Date:
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form can	be punished by fine or forfeiture under the Communications Act of 1934, 47 U. under Title 18 of the United States Code, 18 U.S.C. § 1001.	S.C. §§ 502, 503(b), or fine or imprisonment

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.					
Name of Reporting Carrier:					
Name of Authorized Agent Firm:					
Signature of Authorized Agent or Employee of Agent:	Signature of Authorized Agent or Employee of Agent: Date:				
Name of Authorized Agent Employee:					
Title or position of Authorized Agent or Employee of Agent					
Telephone number of Authorized Agent or Employee of Ag	ent:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form of	an be punished by fine or forfeiture under the Communications Act of 18 U.S.C. § 1001.	of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title			

# **Attachments**

(060) Coverage and Performance Report		FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
	100	

<010>	Study Area Code	448014
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2016 - 07/2017

<141>

cato	<a2></a2>	<93>	cht>	<b2></b2>	<b3></b3>	<e1></e1>	ce25	<c3></c3>	<d><d>×</d></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
TX	Leon	0000	0	0	0	0.0	0.0	0.0	Yes
		]							
	·								
							-		

Percentage of				
<b>Total Population</b>				
Reached by				
Service				

0		

Percentage of Total Road Miles covered by Service

0			
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Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

# FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

## **Project Status Description**

Item: SAC 448014

County/State: Leon, TX

Total Award Amount: \$124,992.00

## **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund - §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448015	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2017	Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 292017
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	Cina state
West 1871 1871 1872			
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (	<u>y/n)</u> <040>
	<041> Attach a description of the documents fi	led with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>

### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	er Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448015 Texas 10, LLC	
<015> <020>	Study Area Name Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding th	nis data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>		17235110		
<111>		Texas 10, LLC		
<112>	Winning Bidder Carrier Name			
<113>	Street Address (or PO Box)	Texas 10, LLC 1170 Devon Park Dri	ve Suite 104	
		Wayne	ve, baree roi	
<114>	City			
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellon	enation.com	
<120>	·	Chad Strausbaugh		
<121>	·	Texas 10, LLC		
<122>		1170 Devon Park Driv	ve_Suite 104	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellone	enation.com	
	•			
Authorize	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
	•			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
<137>	Fax Number			
<138>	Email Address			· · · · · · · · · · · · · · · · · · ·

10001 0			FCC For	
(060) Coverage and Performance Report				
				ed by OMB
		40 N S (S N M C M M C C S N C M C M C M C M C S N C M C M C S N C S N C S N C S N C S N C S N C S N C S N C S		
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			07153763763763763863864767769776776865-57755725	BALERA DE UNIVERSE DA COMO DE

<010>	Study Area Code	448015
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

448015_CPRd_TX.zip		

Coverage and Performace attachments

<141>

<a1></a1>	∠a2> County	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
		\$	See attach	ed works	heet			

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

<010>	Study Area Code	448015
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbauqh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

(	Certification of Officer or En	nployee as to Compliance with 47 CFR §54.1009	0(a)(4)
certify that I am an officer or employee o form and in any attachments is accurate.	f the reporting carrier; my respo	nsibilities include ensuring compliance with 47 CFR §56	4.1009(a)(4), the information reported on this
Name of Reporting Carrier: Texa	as 10, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448015	Filing Due Date for this form: 07/03/2017	

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.  Name of Authorized Agent:  Name of Reporting Carrier:  Signature of Authorized Officer or Employee:  Printed name of Authorized Officer or Employee:  Title or position of Authorized Officer or Employee:  Filling Due Date for this form:	certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
Name of Authorized Agent: Name of Reporting Carrier: Signature of Authorized Officer or Employee: Date: Printed name of Authorized Officer or Employee: Itle or position of Authorized Officer or Employee: Felephone number of Authorized Officer or Employee:	carrier. I also certify that I am an officer or employee of the repo	rting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
Name of Reporting Carrier:  Signature of Authorized Officer or Employee:  Printed name of Authorized Officer or Employee:  Title or position of Authorized Officer or Employee:  Telephone number of Authorized Officer or Employee:	authorized agent; and, to the best of my knowledge, the reports	and data provided to the authorized agent is accurate.
Signature of Authorized Officer or Employee: Date:  Printed name of Authorized Officer or Employee:  Fitle or position of Authorized Officer or Employee:  Felephone number of Authorized Officer or Employee:	Name of Authorized Agent:	
rinted name of Authorized Officer or Employee: Fitle or position of Authorized Officer or Employee: Felephone number of Authorized Officer or Employee:	Name of Reporting Carrier:	
litle or position of Authorized Officer or Employee: Telephone number of Authorized Officer or Employee:	Signature of Authorized Officer or Employee:	Date:
Telephone number of Authorized Officer or Employee:	Printed name of Authorized Officer or Employee:	
	litle or position of Authorized Officer or Employee:	
itudy Area Code of Reporting Carrier: Filing Due Date for this form:	Telephone number of Authorized Officer or Employee:	
rung bue bute for the porting carrier.	Study Area Code of Reporting Carrier:	Filing Due Date for this form:
		ished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment ler Title 18 of the United States Code. 18 U.S.C. § 1001.

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authori	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am author	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or
data provided by the reporting carrier; and, to the best of I	knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Age	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Trib	al Lands Reporting			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185
(1)				Page 5 of 8
<010>	Study Area Code		448015	
<015> <020>	Study Area Name Program Year		Texas 10, LLC	
<030>	Contact Name - Person USAC should contact regarding	this data	2017	
<035>	Contact Telephone Number - Number of person identifi		Chad Strausbaugh 030> 6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif			onenation.com
<142>	State			
\142>	State			<del></del>
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
		ĺ		
<145>	Tribal Government Engagement Obligation			
		Name of Attached L	Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, N	lo, Not Applicable	e) for	
	each of these boxes to confirm the status described on t	he attached		
	PDF, on line 145, demonstrates coordination with the Ti government pursuant to § 54.1004 includes:	ribal		
	government pursuant to 9 54.1004 includes:			
			Select	]
		İ	(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a focu	us on Tribal	· · · · · · · · · · · · · · · · · · ·	
	community anchor institutions;	ŀ		
<147>	Feasibility and sustainability planning;	,		
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements	ſ		
<151>	Compliance with Facilities Siting rules		"	
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes	-		

<154> Compliance with Tribal Business and Licensing requirements.

NO SECTION SEC		
(090) Project	Update information	FCC Form 698
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	448015
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	131140.00
<203>	Total Mobility Fund Support Disbursed	120098.01
<210>	Actual Completion Date	07/27/2015
<211>	Project Status Description (attached)	448015_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	(Name of 7 Dr. accountage
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	<del></del>
<215>	Status of Network Deployment - Maintenance	<del>-</del>
<216>	Project Budget Status	
<217>	Project Plan Status	<del></del>
	· · · · · · · · · · · · · · · · · · ·	<u> </u>

**●** 3G **●** 4G

<218> Network will Support 3G/4G Mobile Service?

(101) Certification - Reporting Carrier FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
--

<010>	Study Area Code	448015
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

		nclude ensuring the accuracy of the reporting requireme	ents for Mobility Fund recipients; and, to the
best of my knowledge, the information r	eported on this form and in any a	attachments is accurate.	
Name of Reporting Carrier:	10, 100		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017
Printed name of Authorized Officer:	Chad Strausbaugh		
itle or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer	6105356474 ext.		
Study Area Code of Reporting Carrier:	448015	Filing Due Date for this form: 07/03/2017	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB	
	OMB Control No. 3060-1185 Page 8 of 8	

<010>	Study Area Code	448015
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)_ also certify that I am an officer of the reporting carrier; n agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf of the responsibilities include ensuring the accuracy of the data reporting requirements provided to the au ata provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form ca	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or impriso under Title 18 of the United States Code, 18 U.S.C. § 1001.	nment

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
	orized to submit the reports for Mobility Fund recipients on behalf carrier; and, to the best of my knowledge, the information reports				
Name of Reporting Carrier:					
lame of Authorized Agent Firm:					
ignature of Authorized Agent or Employee of Agent:		Date:			
ame of Authorized Agent Employee:					
itle or position of Authorized Agent or Employee of Ager	ot .				
elephone number of Authorized Agent or Employee of A	gent:				
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:				
	can be punished by fine or forfeiture under the Communications Act of 193 18 of the United States Code, 18 U.S.C. § 1001.	34, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title			

# **Attachments**

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448015
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2016 - 07/2017

\$42> \$63> \$61> \$62> \$63> \$61> \$64 <141> **Certify that Total Road** Coverage and Total Resident Road Miles Resident Miles Performacne per Census Population Population Road Miles covered per Resident data is uploaded Newly Reached by Service per Census **Block Newly** Census Block Reached by Population per (yes/no) Block Reached Service Census Block Census Block State County 0000 Yes 0 0 0.0 0.0 0.0 тx

Percentage of			
<b>Total Population</b>			
Reached by			
Service			

0			

Percentage of Total Road Miles covered by Service

0			

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

## FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

## **Project Status Description**

Item: SAC 448015

County/State: Leon, TX

Total Award Amount: \$131,140.00

## **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund §54.1009 Annual Reporting lection Form		Avg. Burd	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>	Study Area Code	448016		·
<015>	Study Area Name	Texas 10, LLC	Acc	epted / Filed
<020>	Program Year	2017		HN 2 Q 2017
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		ommunications Commission
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Of	fice of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
WARE THE THE STATE OF	teriori del constitución de la c	taskanti Asiminin 1888 - Asiminin 1888 - Asiminin 1888 - Asiminin 1884 - Asiminin 1884 - Asiminin 1884 - Asimi		
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/I	<u>v)</u> <040>	•
	<041> Attach a description of the documents fill	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	rer tribal lands? Yes or No)	0	•

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form			FCC Form 690
				Approved by OM8
	AND THE RESERVE OF THE PARTY OF			OMB Control No. 3060-1185 Page 2 of 8
				KSSAMMAMAS. SARAHAN MAMAMAMAMAMAMAMAMASAKA SARASAKA
<010>	Study Area Code		448016	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2017	
<030> <035>	Contact Name - Person USAC should contact regarding Contact Telephone Number - Number of person identi		Chad Strausbaugh	
<039>	Contact Email Address - Email Address of person ident		6105356474 ext. cstrausbaugh@cellonenation.com	
			OBCIOCA STATE OF THE STATE OF T	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ve, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209	······································	
<119>	Email Address			
		cstrausbaugh@cellon	enation.com	
Cantact In	formation			
Contact III	formation if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	l		
<121>	Filing Carrier Name	Chad Strausbaugh Texas 10, LLC		
<122>	Street Address (or PO Box)			
<123>	City	1170 Devon Park Drix	ze. Suite 104	
<124>	•	Wayne		
	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellone	enation.com	
Authorize	d Agent Information			
	if no agent, indicate in this box  ✓			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company		<del></del>	
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number		·····	
<137>	Fax Number			
<138>	Email Address			

(060) Coverage and Performance Report	FCC Form 690
	Ap proved by QMB
	OMB Control No. 3060-1185
And the second	Page 3 of 8

<010>	Study Area Code	448016
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

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Coverage and Performace attachments

<141>	<31>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<<2>	<c3></c3>	<d>&gt;</d>
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								Road	Total Road	Certify that
		·				ł .	Road	Miles per	Miles	Coverage and
					Resident Population	Total Resident Population	Miles per	Census Block	covered per	Performance data is uploaded
				Population per	Newly Reached	Reached by	Census		Census	(Yes/no)
	State	County	Census Block	Census Block	by Service	Service	Block	Reached	Biock	
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Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

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<010>	Study Area Code	448016
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

c	ertification of Officer or E	Employee as to Compliance with 47 CFR §54.1009(a)(4)
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier: Texa	s 10, LLC	
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/28/2017
Printed name of Authorized Officer:	Chad Strausbaugh	
Title or position of Authorized Officer:	Staff Counsel	
Telephone number of Authorized Officer:	6105356474 ext.	
Study Area Code of Reporting Carrier:	448016	Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier		
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting	
arrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the		
authorized agent; and, to the best of my knowledge, the reports and data p	rovided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer or Employee:	Date:	
Printed name of Authorized Officer or Employee:		
Title or position of Authorized Officer or Employee:		
Telephone number of Authorized Officer or Employee:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
	e or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment of the United States Code, 18 U.S.C. § 1001.	

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting	g Carrier
I, as agent for the reporting carrier, certify that I am author	zed to submit the certification on behalf of the reporting carrier; I have provided the	e data reported herein based on
data provided by the reporting carrier; and, to the best of n	y knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Fitle or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Age	nt:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form car	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 50 Title 18 of the United States Code, 18 U.S.C. § 1001.	3(b), or fine or imprisonment under

080) Triba	Lands Reporting			App OM	Form 690 proved by OMB IB Control No. 3060-1185 ge 5 of 8
<010> <015>	Study Area Code Study Area Name		448016 Texas 10, LLC		
<020>	Program Year		2017		
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh		
<035>	Contact Telephone Number - Number of person identif	ied in data line <030>	6105356474 ext.		
<039>	Contact Email Address - Email Address of person identi	fied in data line <030>	cstrausbaugh@celloner	nation.com	
-1425	State				
<142>	State		· · ·		
<143>	County				
<144>	Tribal Land(s) on which ETC Serves				
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<145>	Tribal Government Engagement Obligation				
		Name of Attached Docum	ment (.pdf)		-
	If your company serves Tribal lands, please select (Yes,		r		
	each of these boxes to confirm the status described on				
	PDF, on line 145, demonstrates coordination with the government pursuant to § 54.1004 includes:	Iribai			
	government pursuant to 9 54.1004 includes.				
			Select		
		(Ye	s, No, Not Applicable)		
<146>	Needs assessment and deployment planning with a fo				
	community anchor institutions;	ļ			
<147>	Feasibility and sustainability planning;				
<148>	Marketing services in a culturally sensitive manner;				
<149>	Compliance with Rights of way processes				
<150>	Compliance with Land Use permitting requirements				
<151>	Compliance with Facilities Siting rules				

<152> Compliance with Environmental Review processes

<153>

<154>

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Cantrol No., 3060-1185
		Page 6 of 8
<010>	Study Area Code	448016
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	139783.38
		135763.30
<203>	Total Mobility Fund Support Disbursed	127873.84
		r-
<210>	Actual Completion Date	08/06/2015
<211>	Project Status Description (attached)	448016_PSD_TX.pdf
\211>	Project Status Description (attached)	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	<b>✓</b>
<213>	Status of Network Deployment - Construction	<b>✓</b>
<214>	Status of Network Deployment - Deployment	<b>→</b>
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	<b>✓</b>
<217>	Project Plan Status	<b>✓</b>
<218>	Network will Support 3G/4G Mobile Service ?	) 3G

OM8 Control No. 3060-1185 Page 7 of 8
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<010>	Study Area Code	448016
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier: Texas 10, LLC		
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2017	
Printed name of Authorized Officer: Chad Strausbaugh		
Title or position of Authorized Officer: Staff Counsel		
Felephone number of Authorized Officer: 6105356474 ext.		
Study Area Code of Reporting Carrier: 448016	Filing Due Date for this form: 07/03/2017	

(102) Certification - Agent / Carrier	FCC Form 690
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	Approved by OMB
	OM8 Control No. 3060-1185
	UNID CONTOT NO. 3000-1103
	Page 8 of 8
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<010>	Study Area Code	448016
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbauch@cellonenation.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)_ also certify that I am an officer of the reporting carrier; n agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf of the reporting responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized ata provided to the authorized agent is accurate.	carrier. I
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	_
Persons willfully making false statements on this form c	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier						
I, as agent for the reporting carrier, certify that I am authorized reported herein based on data provided by the reporting carrier,						
Name of Reporting Carrier:						
Name of Authorized Agent Firm:						
Signature of Authorized Agent or Employee of Agent:		Date:				
Name of Authorized Agent Employee:						
Title or position of Authorized Agent or Employee of Agent						
Telephone number of Authorized Agent or Employee of Agent:						
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					
Persons willfully making false statements on this form can be p	ounished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title				

# **Attachments**

<010>	Study Area Code	448016
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2016 - 07/2017

<141>

<a1></a1>	<a2></a2>	<a3></a3>	· - <b1></b1>	<62>	<bs></bs> 4b3×	cel>	<b>&lt;</b> C25	4c3>	<d>&gt;</d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
TX	Leon	0000	0	0	0	0.0	0.0	0.0	Yes
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Percentage of					
<b>Total Population</b>					
Reached by					
Service					

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Percentage of Total Road Miles covered by Service

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Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

# FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

### **Project Status Description**

Item: SAC 448016

County/State: Leon, TX

Total Award Amount: \$139,783.38

### **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448017	
<015>	Study Area Name	Texas 10, LLC	Accepted / Filed
<020>	Program Year	2017	
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 292017
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
1011631611616	en egen er sakon 1907 i skrivet er en	TOTAL TERRETARING CONTRACTOR STATE OF THE STA	and the state of the
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/	<u>(N)</u> <040>
	<041> Attach a description of the documents fil	led with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase | Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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				OMB Control No. 3060-1185 Page 2 of 8
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<010>	Study Area Code		448017	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding th		Chad Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person identifier Contact Email Address - Email Address of person identifier		6105356474 ext.	
10332	Contact Eman Address Eman Address of person deficitie	a in data line 30502	cstrausbauch@cellonenation.com	,,
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>		1170 Devon Park Dri	ve, Suite 104	_
<114>	City	Wayne		
<115>	•	PA		
<116>	Zip-Code	19087		
<117>	Tolonhana Number	5105356474 ext.		
<118>	Fax Number			
<119>	Email Address	5106885209	<u> </u>	
	<u>-</u>	cstrausbaugh@cellon	enation.com	
Cantact In	.formation			
Contact in	if same as above, indicate in this box			
<120>	Name (Start M) Last Suffin			
<121>		had Strausbaugh		
<122>	-	exas 10, LLC		
		170 Devon Park Drix	ze Suite 104	- · · ·
<123>	-	ayne		
<124>	-	'A		
<125>	_	9087		
<126>	-	105356474 ext.		
<127>		106885209		
<128>	Email Address	strausbaugh@cellone	enation.com	
	_			
Authorize	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	_ ·			
	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

(060) Coverage and Performance Report		FCC Form 690
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		Ap proved by OMB
		OMB Control No. 3060-1185
		Page 3 of 8

<010>	Study Area Code	448017	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2017	
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2016 - 07/2017		

	448017_CPRd_TX.zip	٦
chments		

Coverage and Performace attachments

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	State	County			Resident Population Newly Reached by Service	Total Resident Population Reached by	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				{	ee attach	ed works	neet			

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Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

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<010>	Study Area Code	448017
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	Certification of Officer or E	mployee as to Compliance with 47	CFR §54.1009(a)(4)			
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this orm and in any attachments is accurate.						
Name of Reporting Carrier: Texa	s 10, LLC					
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017			
Printed name of Authorized Officer:	Chad Strausbaugh					
Title or position of Authorized Officer:	Staff Counsel					
Telephone number of Authorized Officer:	6105356474 ext.					
Study Area Code of Reporting Carrier:	448017	Filing Due Date for this form:	07/03/2017			
Persons willfully making false statemen	•	y fine or forfeiture under the Communications 18 of the United States Code, 18 U.S.C. § 1001	s Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 1.			

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Complia	nce with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier					
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting					
carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibi						
authorized agent; and, to the best of my knowledge, the reports and data provided to the au	uthorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:						
Name of Reporting Carrier:						
Signature of Authorized Officer or Employee:	Date:					
Printed name of Authorized Officer or Employee:						
Title or position of Authorized Officer or Employee:						
Telephone number of Authorized Officer or Employee:						
Study Area Code of Reporting Carrier: Filing Due	Date for this form:					
Persons willfully making false statements on this form can be punished by fine or forfeiture under under Title 18 of the United States (						

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am autho data provided by the reporting carrier; and, to the best of	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on nowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
itle or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Age	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

				90
<b>08</b> 0) Triba	l Lands Reporting		FCC Form 690	
			Approved by OMB OMB Control No. 3060-1185	
			Page 5 of 8	
<010>	Study Area Name		448017	_
<015> <020>	Study Area Name Program Year		Texas 10, LLC 2017	-
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh	_
<035>	Contact Telephone Number - Number of person identif			_
<039>	Contact Email Address - Email Address of person identif	fied in data line <	030> cstrausbaugh@cellonenation.com	_
<142>	State			
<143>	County			_
<144>	Tribal Land(s) on which ETC Serves			
\144×	Tibal Land(3) on which Ere Serves			_
<145>	Tribal Government Engagement Obligation			
<b>\14</b> 32	Tribal Government Engagement Obligation	Name of Attached	l Document (.pdf)	
	If your company serves Tribal lands, please select (Yes,		ole) for	
	each of these boxes to confirm the status described on			
	PDF, on line 145, demonstrates coordination with the government pursuant to § 54.1004 includes:	ribai		
	Boteliment parsaulte to 3 5 11200 1 militares.			
			Select	
			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a for	cus on Tribal		
	community anchor institutions;			
<147>	Feasibility and sustainability planning;		-	
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processe	s		

<154> Compliance with Tribal Business and Licensing requirements.